Form *990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning Jul 1 2017, and ending Jun 30 , 2018 D Employer identification number Check if applicable C Name of organization NATIONAL MUSIC PUBLISHERS ASSOCIATION INC Address change Doing business as 13-1078660 Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change (202) 393-6672 975 F STREET NW 375 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated DC 20004 WASHINGTON, G Gross receipts \$ 15,807,960. Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer DC 20004 H(b) Are all subordinates included? Yes No DAVID ISRAELITE, 975 F STREET NW, WASHINGTON, If "No," attach a list (see instructions) **区** 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ WWW.NMPA.ORG H(c) Group exemption number ▶ 1917 M State of legal domicile DE Form of organization X Corporation Trust Association ☐ Other ▶ L Year of formation Part I Briefly describe the organization's mission or most significant activities. NMPA PROMOTES, PROTECTS AND ADVANCES THE INTERESTS OF MUSIC PUBLISHERS AND SONGWRITERS IN MATTERS Activities & Governance RELATING TO DOMESTIC AND GLOBAL PROTECTION OF COPYRIGHTS. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 18 Number of independent voting members-of the governing body (Part VI, line 1b) 4 18 19 5 Total number of individuals employed in calendar-year-2017-(Part V, Infe 2a) 5 6 Total number of volunteers (estimate if necessary) 18 Total unrelated business revenue from Fart VIII, column (C), line 12 Net unrelated business taxable income from Form 990-7, line 34 7a 0. 7b 14,600. Pnor Year **Current Year** Contributions and grants (Part VIII, line 1h) . OCDEN, UT-8 234,955 Revenue 15,706,669. 9 Program service revenue (Part VIII, line 2g) 9,767,890 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 96,804 79,538. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 21,753. 11 123,746 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 10,223,395 15,807,960 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 215,435 155,108 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,777,018 4,269,233 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,682,253. 4,791,117. 9,215,458. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 21,674,706. -11,451,311 6,592,502. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 8,907,500. 13,592,060. 21 Total liabilities (Part X, line 26) . 6,058,888 4,150,946. 22 Net assets or fund balances. Subtract line 21 from line 20 2,848,612. 9,441,114. Signature Block Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05/09/2019 Sign Signature of off Here DAVID M ISRAELITE, PRESIDENT Type or print name and title Print/Type preparer's name Check X If Paid ROBERT E. LANE 05/14/2019 self-employed P01622353 Preparer Firm's name ▶ Lane & Company,

Use Only

Firm's EIN ▶ 52-1738520 Phone no (202) 463-6500

Firm's address ► 1717 Pennsylvania Avenue NW, Suite 425, Washington, May the IRS discuss this return with the preparer shown above? (see instructions)

DC 20006

For Paperwork Reduction Act Notice, see the separate instructions. BAA

X Yes No Form **990** (2017)



Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	No
	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		×
"	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_	_ ×
	If "Yes," complete Schedule G, Part III	19	n 990	(2017

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	×	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_22		×
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.54		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	[
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		J
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		×
_•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	00		<u> </u>
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	il		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		_×_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24	v	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	×	×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	USA		<u> </u>
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		
20	Part VI	37		<u>×</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		
	13 110101 1 0111 000 more and required to complete conceder of		X QQA	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			. [_
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 64			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments	to vendors and	20 XX		36
	reportable gaming (gambling) winnings to prize winners?		1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				200
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 19			22
þ	If at least one is reported on line 2a, did the organization file all required federal employment		2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	·		2 y	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			
	account)?		4a		×
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts			
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		-		
_	organization solicit any contributions that were not tax deductible as charitable contributions		6a	_	×
Ь	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible? ,		6b	26000000	· Open sen
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		1000	
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
	required to file Form 8282?	1-1	7c	1.48600	2484 22
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		200	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund me				เก้รณ์เกริเลก
o	sponsoring organization have excess business holdings at any time during the year?	antanied by the	8	000/252	1,000
9	Sponsoring organization have excess business holdings at any time during the year?		74/32	2000	K. 32.5
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	200	44
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make any taxable distributions did or section 4500 from the sponsoring organization make any taxable distributions did or section 4500 from the sponsoring organization make any taxable distributions did or section 4500 from the sponsoring organization make any taxable distributions did or section 4500 from the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.		9b		
10	Section 501(c)(7) organizations. Enter:		3448		V30 00
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		70. P.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			200
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a	*********	7782.0
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	46.2		700
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	Parameter Re-	W 2/4/{
-	Note. See the instructions for additional information the organization must report on Schedul	e O.	Charles .	er are	
ь	Enter the amount of reserves the organization is required to maintain by the states in which				
-	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	2.00000000	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O	14b		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗶
Secti	on A. Governing Body and Management			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or			2
	if the governing body delegated broad authority to an executive committee or similar	93		
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i da	1	
2	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	ا ۾ ا		١.,
		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•		^
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
-	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1460	NOW.	
	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_ ×_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	404		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	5982. I
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	(6)/(1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_^_	×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		 ^
·	describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by	33	7.9.5% c	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	III ili wataji ili ili		OR OTHER
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	الثنين	<u>₹3 12 .</u>	
	with a taxable entity during the year?	16a	o 2784727	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
Sooti	organization's exempt status with respect to such arrangements?	16b		
<u>Section</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	c)(3)e	Only
	available for public inspection. Indicate how you made these available. Check all that apply.	. 55110	-,,	υy <i>)</i>
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest r	ooliev	, and
	financial statements available to the public during the tax year.	 ,	~ y	,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	•	
	THE ASSOCIATION, 975 F STREET NW SUITE 375, WASHINGTON, DC 20004 (202)393-			

Part VII	Compensation of Officers, Director	s, Trustees, Key Employee	es, Highest Comper	sated Employees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

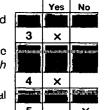
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.													
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Former Former Former A director/trustee) Former Former Former Former Former Former		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		æ	stee			nsated																	
(1) IRWIN ROBINSON CHAIRMAN	0.10	×		×				1,600.	0.	0.													
(2) MARTIN BANDIER VICE PRESIDENT	0.10	×		×				1,200.	0.	0.													
(3) RALPH PEER II VICE PRESIDENT	0.10	×		×				1,200.	0.	0.													
(4) LEEDS LEVY SECRETARY	0.10	×		×				1,600.	0.	0.													
(5) BARRY COBURN BOARD MEMBER	0.10 0.00	×						1,200.	0.	0.													
(6) CAROLINE BIENSTOCK BOARD MEMBER	0.10	×						1,600.	0.	0.													
(7) JODY GERSON BOARD MEMBER	0.10	×						1,200.	0.	0.													
(8) NEIL GILLIS BOARD MEMBER	0.10	×					ļ	1,200.	0.	0.													
(9) LAURENT HUBERT BOARD MEMBER	0.10	×						0.	0.	0.													
(10) JUSTIN KALIFOWITZ BOARD MEMBER	0.10	×				-		1,600.	0.	0.													
(11) ZACH KATZ BOARD MEMBER	0.10	×	_					1,600.	0.	0.													
BOARD MEMBER	0.10	×						1,200.	0.	0.													
BOARD MEMBER	0.10	×						1,600.	0.	0.													
(14) THOMAS PATRICK MCLEAN BOARD MEMBER	0.10 0.00	×						1,600.	0.	0.													

Part VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (contin	ued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson	e than one of the street of th	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) KENNY MACPHERSON	0.10	×								
BOARD MEMBER	0.00	<u> </u>			-		-	0.	0.	0.
BOARD MEMBER	0.10	×						800.	0.	0.
(17) DAVID RENZER	0.10		Н					- 000.	0.1	
BOARD MEMBER	0.00	×						1,200.	0.	0.
(18) JONATHON WISELY BOARD MEMBER	0.10	×						1,200.	0.	0.
(19) MATT PINCUS FORMER TREASURER	0.10						×	400.	0.	0.
(20) BARRY SLOTNICK ASSISTANT SECRETARY	0.10			×				0.	0.	0.
(21) DAVID ISRAELITE PRESIDENT & CEO	38.00 2.00			×				1,385,975.	0.	59,213.
(22) DANIELLE AGUIRRE EVP & GENERAL COUNSEL / ASSISTANT SECRETARY	38.00 2.00			×				487,500.	0.	28,592.
(23) ERICH CAREY VP & SENIOR COUNSEL	39.80 0.20					×		231,500.	0.	37,446.
(24) CHARLOTTE SELLMYER SVP, EXTERNAL AFFAIRS	32.00 8.00					×		217,850.	0.	27,538.
(25) AMELIA WANG VP, GOV'T AFFAIRS	39.80	_			-	×		208,200.	0.	26,673.
1b Sub-total	0.20	L	LI				┕	2,553,025.	0.	179,462.
c Total from continuation sheets to Part	 VII Sectio	 n Д	•	•		•	<u> </u>	260,308.	0.	27,123.
d Total (add lines 1b and 1c)	•		•	•		•	>	2,813,333.	0.	206,585.
Total number of individuals (including but				list	ed :	above	_			

reportable compensation from the organization ▶

3	Did the organization list any former officer, director, or trustee, key	employee,	or t	highest	compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual				



- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRYOR CASHMAN LLP, 7 TIMES SQUARE, NEW YORK, NY 10036	LEGAL	5,087,093.
THE BRATTLE GROUP, 44 BRATTLE ST, CAMBRIDGE, MA 02138	CONSULTING	2,652,606.
LOEB & LOEB LLP, 10100 SANTA MONICA BLVD STE 2200, LOS ANGELES, CA 90067	LEGAL	1,818,047.
NATIONAL ECONOMIC RESEARCH ASSSOCIATES, 360 HAMILTON AVE 10TH FLOOR, WHITE PLAINS, NY 10601	CONSULTING	644,565.
COVINGTON & BURLING LLP, 850 TENTH ST NW, WASHINGTON, DC 20001	LEGAL	366,184.
2 Total number of independent contractors (including but not limited to	those listed above) who	
received more than \$100,000 of compensation from the organization ▶	11	

Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (D)
Revenue
excluded from tax
under sections
512-514 (C) Unrelated exempt function revenue business ts, Grants Amounts 1a Federated campaigns . b Membership dues 1b Fundraising events . 1c C Gifts, 1d Similar d Related organizations . . . Government grants (contributions) 1e е Contributions, and Other Sim All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f. Business Code Program Service Revenue 900099 11,886,081. 11,886,081 0. 0. 2a MEMBERSHIP DUES Ο. 2,908,955. 2,908,955 0. 900099 b ROYALTY LATE FEE PROGRAM 0. ANTI-PIRACY PROGRAM 900099 70,362. 70,362. 0. C 180,000. 180,000 0. 0. SONGWRITER FREEDOM PROJECT 900099 d 574,302. 574.302 0. 0. 900099 LITIGATION SETTLEMENTS 86,969. 86,969 O ο. All other program service revenue. Total, Add lines 2a-2f. 15,706,669. Investment income (including dividends, interest, and other similar amounts) 79,538 79,538. Income from investment of tax-exempt bond proceeds ▶ 5 Rovalties (II) Personal (i) Real Gross rents 6a Less: rental expenses b Rental income or (loss) C Net rental income or (loss) d (ii) Other Gross amount from sales of 7a assets other than inventory Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses . . c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 900099 21,753. 0. 0. 21,753. 11a MISCELLANEOUS All other revenue Total. Add lines 11a-11d . 21,753.

15,807,960. 15,706,669

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A)
	Check if Schedule O contains a respon				<u></u> . 🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	155,108.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members			754.72am	
. 5	Compensation of current officers, directors, trustees, and key employees	2,301,308.			
6	Compensation not included above, to disqualified			~	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	1,631,152.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,711.			
9	Other employee benefits	136,274.			
10	Payroll taxes	158,788.			
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,397,284.			
C	Accounting	124,760. 180,000.			
d	Lobbying	180,000.			
e f	Investment management fees		POLYCUPS CHROST SPECIAL ARCAS A		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	60,825.			
12	Advertising and promotion	25,508.			
13	Office expenses	86,663.			
14	Information technology	32,674.			
15	Royalties				
16	Occupancy	311,882.	,		
17	Travel	272,264.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	472,892.			
20	Interest				
21	Payments to affiliates	34,286.		-	
22 23	Insurance	88,052.			
24	Other expenses. Itemize expenses not covered	County Later Committee Com	weight high the state of the st		Control of the Contro
27	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	and the second s	14. H. A.		The second second
a	TAXES	93,375.			
b	ROYALTY LATE FEE PROGRAM	381,762.			
С	DUES & SUBSCRIPTIONS	226,706.			
d	MISCELLANEOUS EXPENSES	2,184.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,215,458.			-
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	,			
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
		1	t .	i	1

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 7,869,383. 1 530,558. 2 2 Savings and temporary cash investments . 12,529,817. 3 3 4 4 844,274. 314,941 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 7 8 8 Prepaid expenses and deferred charges 96,426 9 153,613. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 265,474 Less: accumulated depreciation 10b 223,755 62,466. 10c 41,719. Investments—publicly traded securities 11 11 12 12 Investments-other securities See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 14 34,951 14 21,412. 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) _. . . 8,907,500. 16 13,592,060. 17 17 Accounts payable and accrued expenses 3,475,245. 676,746. 18 Grants payable. 18 2,448,853. 19 19 Deferred revenue 3,379,256. Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 134,790 94,944 Total liabilities. Add lines 17 through 25 . . . 6,058,888 4,150,946 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 2,848,612 27 9,441,114 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds 32 33 2,848,612. 33 9,441,114. Total liabilities and net assets/fund balances 8,907,500. 34 13,592,060. Form 990 (2017)

Page	1	2

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,8	07,9	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,2	15,4	58.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,5	92,5	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,8	48,6	512.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	9,4	41,1	.14.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u></u>	· · ·	
			distriction an	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	n		
_	Schedule O.			Marie	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			antimet.	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	olled c	or		
	·			M.	
_	Separate basis Consolidated basis Both consolidated and separate basis		2b	200	No.
þ	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	•	×	492
	separate basis, consolidated basis, or both.	u on	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiat	nt Park	S2 30 0 2	
·	of the audit, review, or compilation of its financial statements and selection of an independent accou			J	
	If the organization changed either its oversight process or selection process during the tax year, ex			S2000	
	Schedule O.	p.a ,			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n l		
	the Single Audit Act and OMB Circular A-133?		. 3a		×
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo th			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Fori	n 990	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	ee separate instructions), tl	hen			
• Se	ction 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization	 		Employer ide	ntification number
NATI	ONAL MUSIC PUBLIS	HERS ASSOCIATION, INC.		13-10786	560
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of definition of "political can	f the organization's direct and in mpaign activities")	direct political ca	impaign activities in Part	t IV. (see instructions fo
2		y expenditures (see instructions)		🕨 🛭	
3		cal campaign activities (see instruc		<u> </u>	
Part		e organization is exempt und			
1	•	excise tax incurred by the organiza			<u> </u>
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this ye	ear?	. 🔲 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔛 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section	527 exempt function	,
2	Enter the amount of the	filing organization's funds contrib	outed to other ora	anizations for section	
_	527 exempt function acti	- -	_		}
3	Total exempt function e	expenditures. Add lines 1 and 2.	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filling organ	ızatıon's funds. Also ente
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NMPA	POLITICAL ACTION COMMITTEE	975 F STREET NW STE 375 WASHINGTON, DC 20004,	47-4148498	0.	0.
(2)					
(3)					
(4)					
(5)					
(C)					

		•
'ao	е	Z

Pa	rt II-A	Complete if the organization section 501(h)).	on is exempt u	inder section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ►	if the filing organization belo address, EIN, expenses, and	•			liated group memb	oer's name,
В	Check ▶	If the filing organization chec	ked box A and "	'limited control" pi	rovisions apply.		
		Limits on Lob \(\) (The term "expenditures" n	bying Expendit neans amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lo	obbying expenditures to influence	e public opinion	(grass roots lobby	ring)		
	b Total lo	obbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)		
	c Total lo	obbying expenditures (add lines	la and 1b)				
	d Other	exempt purpose expenditures .					
	e Total e	xempt purpose expenditures (ad	d lines 1c and 1	d)			
	f Lobbyi column	ng nontaxable amount. Enter	the amount fr	om the following	table in both		
	If the ar	nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		A Facility of the State of the
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
		Over \$17,000,000 \$1,000,000.				Branch Bran	
	g Grassr	oots nontaxable amount (enter 2	5% of line 1f)				
	h Subtra	ct line 1g from line 1a. If zero or l	ess, enter -0-				
	i Subtra	ct line 1f from line 1c. If zero or le	ess, enter -0-				
	-	e is an amount other than zerong section 4911 tax for this year		1h or line 1i, did	•		Yes No
	(Som	e organizations that made a se See the	ection 501(h) ele e separate instr	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbyı	ng nontaxable amount			-		,
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))			200		
	f Grassr	oots lobbying expenditures					
				REV 03/08/19 PRO		Schedule C (Form	n 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d Fo	m 576	58	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		es No	•	Amoun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i	E ai	X		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			a k	
b	If "Yes," enter the amount of any tax incurred under section 4912		첫		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		120	Mari	26.2
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5, 501(c)(6).), or s	ectio	n	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	: [×
_ 3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri	or yea	r? 3		×
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (answered "Yes."				3, is
1	Dues, assessments and similar amounts from members	1	11,	886,0	081.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o political expenses for which the section 527(f) tax was paid).	f 🦪			
а	Current year	2 a	1,	187,3	355.
b	Carryover from last year	2t			
C	Total	20	1,	187,3	<u> 355.</u>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	11	188,6	508.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g 🔯			
_	and political expenditure next year?	· -	_		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		-1,2	<u> 253.</u>
	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information	list); P	art II-A	, lines	1 and
*					
	,				

Scriedule C (i Oi)	11 330 01 330-122/ 2017	Page 4
Part IV	Supplemental Information (continued)	
	- Cappininated into material (commonly)	
	······································	
	•	
•••••		
	WIREPERFFERENCE T	
	, , , , , , , , , , , , , , , , , , , ,	
*** * **		
	•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of	the organization		Employer identification number
NATI	ONAL MUSIC PUBLISHERS ASSOCIATION,		13-1078660
Part	Organizations Maintaining Donor Advis	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered "Y		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)	·	
			<u> </u>
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year	-	<u></u>
5	Did the organization inform all donors and donor a		_
	funds are the organization's property, subject to the	organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that gran	nt funds can be used
	only for charitable purposes and not for the benefit	of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		· · · · · · · 🗌 Yes 🗌 No
	Conservation Easements.		
	Complete if the organization answered "Y	es" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the or		
	· · · · · · · · · · · · · · · · · · ·	=	in books and the instruction of the second second
	Preservation of land for public use (e.g., recreation		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization held	d a qualified conservation contributio	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
	Number of conservation easements on a certified his		
	Number of conservation easements included in (c		
	historic structure listed in the National Register .		
	Number of conservation easements modified, transfe		
	tax year ►	sired, released, extinguished, or term	mated by the organization during the
	***************************************	estion accompat is located N	
	Number of states where property subject to conserv Does the organization have a written policy rega		nostan bondina of
	violations, and enforcement of the conservation ease		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting	ig, handling of violations, and enforcing o	conservation easements during the year
	-		
	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing of	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · . 🗌 Yes 🗋 No
9	In Part XIII, describe how the organization reports co	onservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen		
Part			Other Similar Assets.
. art	Complete if the organization answered "Y		7,000,0
10	If the organization elected, as permitted under SFA		royonus statement and halance shee
	works of art, historical treasures, or other similar a		
	public service, provide, in Part XIII, the text of the for	•	
	•		
	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar a	•	ucation, or research in furtherance o
	public service, provide the following amounts relating	_	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, I	nistorical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SF		· · · · · · · · · · · · · · · · · ·
		·	
	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		🚩 🐧

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Page	~

Par								
3	Using the organization's acquisition, collection items (check all that apply):				·			significant use of its
а	☐ Public exhibition				or exchange			
b	Scholarly research		е	□ Othe	r			***************************************
С	☐ Preservation for future generations							
4	Provide a description of the organization of t	tion's collections :	and expl	ain how t	hey further th	he org	janization's exer	npt purpose in Part
5	During the year, did the organization							ar
	assets to be sold to raise funds rather		ained as	part of th	e organizatio	n's co	llection?	☐ Yes ☐ No
Par	Complete if the organization 990, Part X, line 21.		" on Foi	rm 990, I	Part IV, line	9, or	reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot Yes 🗋 No
b	If "Yes," explain the arrangement in P.	art XIII and compl	ete the fo	ollowing to	able:			
	•						A	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		-
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been p	rovide	ed on Part XIII .	<u> </u>
Par	Endowment Funds.		" -	···· 000 I	Don't IV June	10		
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
4.	Paginning of year belongs	(a) Current year	(5) 711		(c) two years	Dack	(u) Three years back	(e) Four years back
1a b	Beginning of year balance				 			
	Net investment earnings, gains, and losses						·	
d	Grants or scholarships				· · · · · · · · · · · · · · · · · · ·	$\neg \neg$		
e	Other expenditures for facilities and			 -		$\neg \neg$		f
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t		nd balanc	ce (line 1g	j, column (a))	held a	as:	
а	Board designated or quasi-endowment	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and	-						
3a	Are there endowment funds not in the	e possession of tr	ne organi	ization th	at are neid a	na aa	ministered for tr	
	organization by:							Yes No
	(i) unrelated organizations					• • •		3a(i)
b	(ii) related organizations		 Lacreciu	red on S	 chedule R2	• • •		3a(ii) 3b
4	Describe in Part XIII the intended uses					• • •		30
Par								
	Complete if the organization		" on For	m 990. f	Part IV. line	11a. S	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or of	ther basis	(b) Cost of	or other basis	(c) /	Accumulated epreciation	(d) Book value
1a	Land			 		ontaadnasoonion	manananan antimaanan ja	
b	Buildings			 				
C	Leasehold improvements	·	·····	·····	87,355.		68,769.	18,586.
d	Equipment	<u> </u>			78,119.		154,986.	23,133.
ē	Other			1 -				<u></u>
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part	X. columr	(B), line 10c			41,719.

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IV, line 11c. See Form 990, Part I	
(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	art X, line 12.
(2) Closely-held equity interests	ation
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 1	
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 99	
(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990,	
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part	
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV,	
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, lin	
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 11	
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 11c.	
(H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See F	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form	
Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990,	V. San
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV,	Section 1
(a) Description of investment (b) Book value (c) Method of value Cost or end-of-year ma	art X. line 13.
(1)	ation
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
	Viceronia de la companione de la
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	
Part IX Other Assets.	V June 45
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part IV,	Book value
(1)	
(2)	
(3)	
(4)	
(5)	,
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 9	990, Part X,
line 25.	tree. I wide also be alless? Business acception
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2) DEFERRED LEASE AMORTIZATION 94,944.	40
(3)	
(4) (5)	
(5) (6)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 94, 944.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 区

(7) (8)

Page	4

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99		er Return.
1	Total revenue, gains, and other support per audited financial stateme		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· .
a	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	·	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		See .
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 99	00, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	. 2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII.)		
_c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I XIII Supplemental Information.	, iine 18.)	5
2; Pari	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	part to provide any additiona	I information.
Pt X	, Line 2: MANAGEMENT ANNUALLY REVIEWS ITS TAX P	OSITIONS AND HAS DE	TERMINED
THAT	THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS	THAT REQUIRE RECOGN	ITION ON
THE	FINANCIAL STATEMENTS.		
			·

Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
••••••	•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public Inspection 2017

> ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number

13-1078660

% □

X Yes

NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC.

issistance, the grantees' eligibility for the grants or assistance, and	
or ass	
ants	•
ie gr	•
of th	•
ınt	
Does the organization maintain records to substantiate the amour	the selection criteria used to award the grants or assistance?
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. N

Part II		s sistance to Do or any recipient	mestic Organizathat received mo	ations and Dorn ore than \$5,000.	estic Governm Part II can be du	ents. Complete uplicated if addit	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SK	(1) SONGWRITERS HALL OF FAME 330 WEST 58TH ST SANTA MONICA CA 90404	23-7051690	501 (C) (3)	50,000.	0.			EVENT SPONSORSHIP
3030 O	(2) MUSICARES FOUNDATION INC 3030 OLYMPIC BLVD SANTA MONICA CA 90404	95-4470909	501 (C) (3)	32,500.	0.			EVENT SPONSORSHIP
(3) N 975 P	(3) NMPA SONGS FOUNDATION 975 F ST NN STR 375 WASHINGTON DC 20004	47-4148498	501 (C) (3)	20,000.	4,558.	FMV	WATER BOTTLES	GOLF TOURNAMENT
4 98 SEC	(4) SPECIAL OLYMPICS DC 900 SECOND ST NR STE 375 WASHINGTON DC 20002	52-0967608	501 (C) (3)	10,000.	0.			EVENT SPONSORSHIP
(2)								
(9)								
(2)								
(8)								
6				-				
(10)								
(11)								
(12)								
ი ღ	Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin	n 501(c)(3) and go organizations liste	vernment organizat d in the line 1 table	organizations listed in the line 1 table ne 1 table	ine 1 table			4

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

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Part III	5	Domestic Individua	als. Complete if th	e organization answ	ered "Yes" on Form 990,	Part IV, line 22.	
	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
-			-				
2							
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4				•			
S							
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_							1
Part IV	Supplemental Information. Provide the information	de the information r	equired in Part I, li	ne 2; Part III, colum	lion required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.	, ,
Pt I Line	2: ALL CONTRIBUTIONS	WERE UNRESTRICTED	IN NATURE; AS	S A RESULT, NMPA	A DID NOT MONITOR USE	SE OF FUNDS.	
							ń
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							, .
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\ \ \ 0		REV 03/08/19 PRO	ВКО			Schedule I (Form 990) (2017)	. ~
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC. 13-1078660 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did-fine organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 5 ×384 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☑ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 1998 to 1 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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Page 2

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensation from the organizations of the organizations, describe

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	sation any inc	must be reported of lividuals that aren't	on Schedule J, repor listed on Form 990, F	t compensation fro	m the organization c	in row (i) and from	related organization	s, described in the
Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a,	or each	listed individual mu	st equal the total amo	unt of Form 990, Pa	t VII, Section A, line 1	a, applicable colum	applicable column (D) and (E) amounts for that individual.	s for that individual.
		(B) Breakdown of	W-Z and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ui) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
MATT PINCUS	(3)	400.	0.	0.	0.	0	400.	0.
1 FORMER TREASURER	Ξ	0.	0.	0.	0.	0.	0.	0.
	Θ	975,000.	410,975.	0	26,500.	32,713.	1,445,188.	Ö
2 PRESIDENT & CEO	€	0.	.0	0.	- 1		0.	0.
DANIELLE AGUIRRE	ε	437,500.	20,000.	.0	21,200.	7,392.	516,092.	.0
3 EVP & GENERAL COUNSEL / ASSISTANT SECRETARY	€	0.		0.	0.	0.	.0	
ERICH CAREY	ε	210,500.	21,000.	0.	15,264.	22,181.	268,945.	.0
4 VP & SENIOR COUNSEL	€	.0		0.			- 1	0.
	Ξ	192,850.	25	0.	14,210.	13,328.	245,388.	.0
5 SVP, EXTERNAL AFFAIRS	€	0		.0	0.	0.	0.	0.
AMELIA WANG	ε	188,200.	20,000.	0.	13,547.	13,126.	234,873.	.0
6 VP, GOV'T AFFAIRS	€	. 0	0.	0.	.0	. 0	.0	0.
	Ξ							
7	Ξ							
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Schedule J (Form 990) 2017	BAA REV 03/08/19 PRO
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red for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	Provide the information, explanation, or descriptions required for Part I for any additional information.
	Subplemental milonianon

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization	Employer identification number
NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC.	13-1078660
Pt VI, Line 6: NMPA SHALL HAVE TWO CLASSES OF VOTING MEMBERS: EXE	CUTIVE MEMBERS
AND GENERAL MEMBERS. A MEMBER SHALL BE AN EXECUTIVE MEMBER IF ITS	GROSS REVENUE
IS EQUAL TO OR IN EXCESS OF ONE HUNDRED MILLION DOLLARS IN THE PR	IOR CALENDAR
YEAR. A MEMBER SHALL BE A GENERAL MEMBER IF ITS GROSS REVENUE IS	LESS THAN ONE
HUNDRED MILLION DOLLARS IN THE PRIOR CALENDAR YEAR.	
Pt VI, Line 7a: EACH EXECUTIVE MEMBER SHALL BE ENTITLED TO APPOIN	
TO THE BOARD, BY PROVIDING WRITTEN NOTICE TO THE CHAIRMAN OF THE	BOARD AND THE
PRESIDENT OF THE NMPA. THE INDIVIDUALS NOMINATED BY THE EXECUTIVE	MEMBERS AND
THE OTHER INDIVIDUALS RECEIVING A PLURALITY OF THE VOTES CAST BY	THE MEMBERS
ENTITLED TO VOTE SHALL BE DIRECTORS.	
Pt VI, Line 7b: EACH EXECUTIVE AND GENERAL MEMBER SHALL BE ENTITL	
FOR EACH ONE-HUNDRED THOUSAND DOLLARS OF GROSS REVENUE OF SUCH ME	MBER (INCLUDING
ITS AFFILIATES) WITH RESPECT TO ANY MATTER TO BE VOTED ON BY MEMB	ERS; PROVIDED
THAT (I) EACH MEMBER SHALL HAVE AT LEAST ONE VOTE, AND (II) WITH	RESPECT TO A
PARTICULAR CALENDAR YEAR, EACH EXECUTIVE MEMBER SHALL HAVE NO MOR	E VOTES THAN
THE NUMBER OF VOTES HELD BY THE GENERAL MEMBER WITH THE GREATEST	NUMBER OF VOTES
FOR SUCH YEAR.	
Pt VI, Line 11b: THE FORM 990 WILL BE PREPARED AND REVIEWED BY TH	E ORGANIZATION'S
OUTSOURCED ACCOUNTANTS. THE ORGANIZATION'S DIRECTOR OF FINANCE AN	D CEO WILL ALSO
REVIEW THE 990. A COPY OF THE 990 WILL BE PROVIDED TO THE BOARD F	OR REVIEW.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

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OMB No 1545-0047

Inspection

Employer identification number

13-1078660 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC. Name of the organization

	(a) Name, address, and EiN (f applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	(μ)					
(2)						
(3)	(6)					
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Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	mplete if the organization x year.	answered "Yes" o	in Form 990, Pa	art IV, line 34, bed	ause it had

One of more related tax-exempt organizations during the tax year.	urilig ille tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling sentity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
						Yes	2
(1) NATIONAL MUSIC PUBLISHERS ASSN PAC 81-0717027 975 F ST NW STE 375 WASHINGTON DC 20004	POLITICAL ACTION COMMITTEE DC	סכ	527	, J	NMPA, INC.		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 99	990. BAA REV 03/08/19 PRO	/19 PRO			Schedule R (Form 990) 2017	Form 990) 2017

Schedule R (Form 990) 2017

Part III Identific	cation of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	tions Taxable organizations	e as a Part treated as	nership. Co a partnersh	omplete if the	e organiza e tax year.	ıtion answ	ered "Y	es" or	n Form 990,	, Part I	/, line	34,	
(a) Name, address, and EiN of related organization	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets		(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	(k) Percentage ownership	tage
						` .			Yes	No		Yes	No 1		
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Part IV Identific	cation of I	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxabl	e as a Corp	ooration or ated as a c	Trust. Com orporation o	plete if the r trust dur	organiza	tion ans	were	d "Yes" on	Form 9	90, P.	art IV,	1
(a) Name, address, and EIN of related organization	(a) nd EIN of relate	d organization	(b) Primary activity	ty Le	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	g Type o	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end	(g) Share of end-of-year assets	(h) Percentage ownership	Sec G	(i) Section 512(b)(13) controlled entity?	g)(13)
													۶	Yes	ę
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Schedule R (Form 990) 2017

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(i) Code V – UBI		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 1 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)				Yes No		Yes No	
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Schedule R (Form 990) 2017 Page 5		
Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions.	
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